

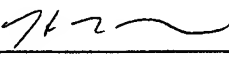
Remarks

The Specification has been amended to include the attached Sequence Listing, and to add sequence identifiers in the Brief Description of the Drawings section. No new matter has been added.

Respectfully submitted,

NOVARTIS VACCINES AND DIAGNOSTICS, INC.

Dated: January 31, 2008

By: 
Helen Lee
Registration No. 39,270

Customer No. 27476
NOVARTIS VACCINES AND DIAGNOSTICS, INC.
Corporate Intellectual Property – R338
P.O. Box 8097
Emeryville, CA 94662-8097
Telephone: (510) 923-2192
Facsimile: (510) 655-3542



ED 954551195 US



ED 954551195 US

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$	
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee \$	
Mo. Day Year	Month Day	COD Fee \$	Insurance Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	Total Postage & Fees \$	
Flat Rate <input type="checkbox"/> or Weight <input type="checkbox"/>	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Acceptance Emp. Initials	
lbs. ozs.	Int'l Alpha Country Code		

PRESS HARD YOU ARE MAKING
FROM: (PLEASE PRINT) PHONE (510) 923-2142
NOVARTIS VACCINES AND DIAGNOSTICS, INC.
4560 Horton Street
Emeryville, CA 94608-2916

FOR PICKUP OR TRACKING

Visit www.usps.com

Call 1-800-222-1811



UNITED STATES POSTAL SERVICE®

Customer Copy
Label 11-B, March 2004

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT Express Mail Corporate Acct. No. X946559	<input type="checkbox"/> WAFER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. If wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and authorize that delivery employee's signature constitutes valid proof of delivery.
Federal Agency Acct. No. or Postal Service Acct. No.	

☐ NO DELIVERY ☐ Mailer Signature
☐ Weekend ☐ Holiday

TO: (PLEASE PRINT) PHONE ()

Mail Stop PCT
Commissioner for Patents
P.O. Box 1450
Alexandria VA. 22313-1450

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

2 2 3 1 3 + 1 4 5 0

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

APPLN. NO.: 10/580,050 (PCT/US04/39333) I. A. FILING DATE: 11/19/2004 DOCKET NO.: PP021454.0004
TITLE: METHODS AND REAGENTS FOR TREATING, PREVENTING AND DIAGNOSING BUNYAVIRUS...
ATTY: HL APPLICANT: Qui-Lim Choo DATE MAILED: January 31, 2008
☐ CERTIFICATE OF MAILING ☒ EXPRESS MAIL LABEL NO. ED 954551195 US

THE U.S. PATENT AND TRADEMARK OFFICE ACKNOWLEDGES RECEIPT OF:

- | | |
|--|---|
| <input type="checkbox"/> pp Spec. (incl. pp Claims; pp Abstract) | <input type="checkbox"/> Rule §1.53 of USSN |
| <input type="checkbox"/> Authorization to Charge Dep. Acct. No. 03-1664 | <input checked="" type="checkbox"/> Preliminary Amendment |
| <input type="checkbox"/> Fee \$ | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Signed Declaration (2 pages) | <input type="checkbox"/> COPY: |
| <input type="checkbox"/> Issue Fee Transmittal B | <input type="checkbox"/> Amendment Transmittal |
| <input type="checkbox"/> Informal/Formal Drawings: sheets | <input type="checkbox"/> Change of Correspondence Address |
| <input type="checkbox"/> Amendment Under 37 CFR §1.57 to Incorporate by Reference | <input checked="" type="checkbox"/> Transmittal Letter to the U.S. Designated/Elected (DO/EO/US) Concerning a Filing Under 35 USC 371 |
| <input type="checkbox"/> IDS with Form 1449 and references | <input type="checkbox"/> Response to Notification of Missing Requirements Under 35 USC 371 |
| <input checked="" type="checkbox"/> Paper Sequence Listing (60 pages) | <input type="checkbox"/> COPY OF: Notification of Missing Requirements Under 35 USC 371 |
| <input checked="" type="checkbox"/> One (1) CD containing Sequence Listing | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Transmittal of Sequence Listing and Statements under 37 CFR 1.821(f) and (g) | <input type="checkbox"/> |



Sequence Listing - CRF Copy

"METHODS AND REAGENTS FOR BUNYAVIRUS..."

Applicants: Choo, Qui-Lim, et al.

U.S. Appl No.: 10/580,050

I.A. Filing date: 11/19/2004

Atty Docket: PP021454.0004

File name: 2007-12-15 2154.ST25SEQ LIST

DISK MAILER

CAUTION

Do not bend or fold